

DEC 19 2005

Atty Docket No. 014801-001420US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Igor N. Borissov

Group Art Unit 3639

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Igor N. Borissov

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of David W. Andrews, et al., Application No. 10/081,556, filed February 20, 2002 for TRANSIT BEST FARE SYSTEM AND METHOD are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form
2. Petition for Extension of Time (in duplicate)
3. Notice of Appeal (in duplicate)
4. Pre-Appeal Brief Request for Review (PTO/SB/33)
5. Pre-Appeal Brief Request for Review

Number of pages being transmitted, including this page: 12

Dated: December 19, 2005


Jeanette Olivera

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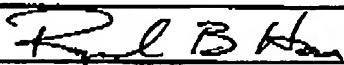
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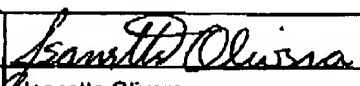
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PTO/SB/21 (08-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/081,558	
	Filing Date	February 20, 2002	
	First Named Inventor	Andrews, David W.	
	Art Unit	3639	
	Examiner Name	Igor N. Borissov	
Total Number of Pages in This Submission	11	Attorney Docket Number	014801-001420US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Notice of Appeal Pre-Appeal Brief Request for Review
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Raymond B. Horn		
Date	Dec 19, 2005	Reg. No.	44,773

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on December 19, 2005.		
Signature		
Typed or printed name	Jeanette Olivera	Date: Dec. 19, 2005

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